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APPLICANTS
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** CONTINUING DATA *****
Oh BS

** FOREIGN APPLICATIONS *****
Oh BS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/28/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> After Verified and Acknowledged	<input type="checkbox"/> Allowance <i>Oh BS</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 2
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TITLE
 MODULAR BIFURCATED GRAFT FOR ENDOVASCULAR ANEURYSM REPAIR

FILING FEE RECEIVED 852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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